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Fill in this Info	ormation to ide	ntify the case:		
Debtor 1	Brian F. Fenel First Name	on Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Claim Information

For the benefit of the Claimant(s)1 named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9,780.15
Marquette Porter, Owner of Spring Solutions, LLC Assignee to Brian F. Fenelon	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	Marquette Porter Owner of Spring Solutions, LLC P.O. Box 334 Glen Burnie, MD 21060 springsolutionsllc@gmail.com
Reason Funds Were Not Received by Claimant	The debtor was not aware of the unclaimed funds or the process to retrieve them.

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, W succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate. O

Supporting Documentation

d

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

4. Notice to United States Attorney	
Applicant has sent a copy of this application and sup pursuant to 28 U.S.C. § 2042, at the following address	porting documentation to the United States Attorney, ss:
1 Courthous	e District of Massachusetts se Way, Suite 9200 on, MA 02210
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date:	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date:
Marginette Porter	Signature of Co-Applicant (if applicable)
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)
Marquette Porter, Owner Spring Solutions, LLC P.O. Box 334	Address:
Glen Burnie, MD 21060	Telephone:
Telephone: 443.839.4551	Email:
Email: springsolutionsllc@gmail.com	
6. Notarization STATE OF	6. Notarization STATE OF COUNTY OF
This Application for Unclaimed Funds, dated 10 16 2020 was subscribed and sworn to before me this Ltd day of OCTOBETC . 2020 by	This Application for Unclaimed Funds, dated was subscribed and sworn to before me thisday of, 20by
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal. (SEAL) Notary Public	who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seat. (SEAL) Notary Public
My commission expires: MAY 26, 2621	My commission expires:

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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF MASSACHUESETTS(BOSTON)

In Re: Brian F. Fenelon * Case No. 19-11809-JEB

Debtor * Chapter 13

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ______ day of ______ 2020, a copy of the foregoing Application of Payment of Unclaimed Funds and all attachments was served by first class mail, postage, prepaid, by hand delivery, and/or electronic case filing system to:

U.S. Attorney 1 Courthouse Way, Suite 9200 Boston, MA 02210

Date: 10/6/2020

Marquette Porter

Owner of Spring Solutions, LLC

P.O. Box 334

Glen Burnie, MD 21060

(410) 760-5841

springsolutionsllc@gmail.com